FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Aug 14, 2002 8:00 am Secretary of State 08-14-2002 90023 006 ***150.00

DOCUMENT # P99000020144 1. Entity Name VEN TEBO CONSTRUCTION COMPONY, INC.				08-14-2002 90023 006 ***150.00
KEN	TEBO CONSTRUC	STLON COMPO	NY, INC.	
ł	DO NOT WRITE	IN THIS SP	B0134246	
2_Principal Pl	VIVIENDA WAN	3. Mailing Address		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
Sal State	Solu FL	City & State		4. FEI Number 65-0899758 Applied For Not Applicable
3/23	5 Savasifu	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
DO NOT WRITE IN THIS SPACE			Name (7. Name and Address of Current Registered Agent
			Street Addre	ess (P.O. Box Number is Not Acceptable)
			5001	VIVIENDA WAY
			CitySav	rasfa FL zip 8钟35
3. The above	named entity submits this statement for	the purpose of changing its re-	gistered office or reg	istered agent, or both, in the State of Florida.
SIGNATURE _	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE R	egistered Agent signature rec	quired when reinstating) DATE
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State				10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.
I1.	OFFICERS AND D	DIRECTORS	TITLE	
TREET ADDRESS	KENNETH TEBO		NAME STREET ADDRESS CITY-ST-ZIP	
ITLE	SURGERTA PL 0420	<u> </u>	TITLE	
AME TREET ADDRESS ITY-ST-ZIP	ss		NAME STREET ADDRESS CITY-ST-ZIP	
ITLE IAME			TITLE	and the second s
TREET ADDRESS			NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE
TLE AME TREET ADDRESS ITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	IN THIS SPACE
TLE.		-	TITLE	
AME TREET ADDRESS ITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP	
TLE .			TITLE	•
TREET ADDRESS			STREET ADDRESS CITY-ST-ZIP	
	ertify that the information supplied with t	his filing does not qualify for the		Section 119.07(3)(i). Florida Statutes I further certify that the information

indicated on this report or suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes: and that my name appears in Block 11 or on an attachment with an address with all other like empowered.

SIGNATURE >

15.02 ×94/302-7259